## LEGAL FACE SHEET AND HISTORY

Case Name:				Child's A	Child's Attorney:		
Court Number:				_ Address:	Address:		
Attorney General:				GAL:	GAL:		
Telephone #:				Address	Address & Tel. #:		
Child's Tribal Affiliation (A):				Date t	ribe intervened:	Not yet:	
Enrollme	nt Number:			_			
Designate	ed Tribal Agent to Rece	ive Legal N	lotice:				
Child's Tribal Affiliation (B):				Date to	Date tribe intervened : Not yet:		
Designate	ed Tribal Agent to Rece	ive Legal N	lotice:				
Child's T	ribe:						
Biological Mother:				Attorney:	Attorney:		
Address &	& Tel. #:			_			
Biological Mother's Tribe:				Address	Address & Tel. #:		
Biological Father:				Attorney	Attorney:		
Address &	& Tel #:			-			
Biological Father's Tribe:				Address	Address & Tel. #:		
Indian Custodian:				Attorney	Attorney:		
Other parties:				_ Attorney	Attorney:		
				_ Attorney:	Attorney:		
Custody I	End Date:			<del>_</del>			
Next Rev	iew:			_			
Comment	s section:						
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	Function (petition	Custody					
Date	filed, hearing,	End	Notice Provide	ed by Worker			
Date	filed, hearing, internal review, etc.)		Notice Provide				
Date	filed, hearing,	End	Child's Tribal	Affiliation (A)	Designated Tribal Agent	GAL Foster Parents	
Date	filed, hearing, internal review, etc.)	End	Child's Tribal		Designated Tribal Agent Designated Tribal Agent Indian Custodian	GAL Foster Parents	
Date	filed, hearing, internal review, etc.)  Emergency Custody  Shelter Care or	End	Child's Tribal Child's Tribal Mother Child's Tribal	Affiliation (A) Affiliation (B) Father Affiliation (A)	Designated Tribal Agent Indian Custodian Designated Tribal Agent	Foster Parents  GAL	
Date	filed, hearing, internal review, etc.)  Emergency Custody	End	Child's Tribal Child's Tribal Mother Child's Tribal	Affiliation (A) Affiliation (B) Father	Designated Tribal Agent Indian Custodian	Foster Parents	
Date	filed, hearing, internal review, etc.)  Emergency Custody  Shelter Care or	End	Child's Tribal Child's Tribal Mother Child's Tribal Child's Tribal Mother Child's Tribal	Affiliation (A) Affiliation (B) Father Affiliation (A) Affiliation (B) Father Affiliation (A)	Designated Tribal Agent Indian Custodian Designated Tribal Agent Designated Tribal Agent Indian Custodian Designated Tribal Agent	GAL Foster Parents	
Date	filed, hearing, internal review, etc.)  Emergency Custody  Shelter Care or Removal Hearing	End	Child's Tribal Child's Tribal Mother Child's Tribal Child's Tribal Mother Child's Tribal Child's Tribal	Affiliation (A) Affiliation (B) Father Affiliation (A) Affiliation (B) Father	Designated Tribal Agent Indian Custodian Designated Tribal Agent Designated Tribal Agent Indian Custodian	Foster Parents  GAL Foster Parents	